

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20337

STATE FILE NUMBER

FILED JUL 8 1957

Registration District No. 53 Primary Registration District No. 5182 Registrar's No. 323

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Cape Girardeau</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Shawancee</i>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>New Fruitland Mo</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>near Fruitland</i>				Length of stay in lb <i>40 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>3 miles East Fruitland</i>	
Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <i>BURLEY</i> Middle <i>—</i> Last <i>GOHN</i>				4. DATE OF DEATH Month <i>June</i> Day <i>28</i> Year <i>1957</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>March 26, 1882</i>	
9. AGE (In years last birthday) <i>75</i>		IF UNDER 1 YEAR Months <i>—</i> Days <i>—</i> Hours <i>—</i> Min. <i>—</i>		IF UNDER 24 HRS. Hours <i>—</i> Min. <i>—</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>		11. BIRTHPLACE (City and state or country) <i>Neelys Landing Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>							
13. FATHER'S NAME <i>David Gohn</i>				14. MOTHER'S MAIDEN NAME <i>Martha Byrd</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>None</i>				16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Amos Davis Jackson Mo. R#1</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Embolism</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>—</i> DUE TO (c) <i>—</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)				INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <i>—</i> Month, Day, Year <i>—</i>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION				COUNTY STATE			
21. I attended the deceased from <i>June 1957</i> and last saw <i>him</i> alive on <i>June 28, 1957</i> Death occurred at <i>June 28, 1957 7:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>J. H. Jaeger MD</i>				22b. ADDRESS <i>Jackson, Mo</i>			
22c. DATE SIGNED <i>7-1-57</i>							
23a. BURIAL, CREMATION, REINTERMENT (Specify)		23b. DATE <i>June 30, 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>		23d. LOCATION (City, town, or county) (State) <i>Cape Girardeau Mo</i>	
24. FUNERAL DIRECTOR <i>Amos Davis Jackson Mo</i>				ADDRESS <i>—</i>		25. DATE RECD. BY LOCAL REG. <i>7-1-1957</i>	
26. REGISTRAR'S SIGNATURE <i>C. C. Summers</i>							

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Gene C. Crang*
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Licensed Embalmer No.

P. O. Address *Jackson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.